

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

pm 7/20/09  
2009 JUL 21 AM 9:19

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

**IMPORTANT:** Indicate by # type of committee you are reporting for: 2

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	9694
Logged In	MWW
Scanned	MWW
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Cary R. Schenckfeld  
SIGNATURE OF PERSON FILING REPORT

515/283-1801  
TELEPHONE

7/17/09  
DATE SIGNED

I AM FILING A July 19, 2009 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

7,959.35

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,000.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**.....\$

8,953.35

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

8,953.35

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

0.00

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Cedar Rapids Physician Hospital Organization Political Action Committee

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
2/10/09	ID# CK#	Dr. Richard Aerts 409 Hobbit Drive SE Cedar Rapids, IA 52403		\$250.00	<input type="checkbox"/>
2/10/09	ID# CK#	Dr. Michael Almasi 525 Evergreen Lane Robins, IA 52328		100.00	<input type="checkbox"/>
2/16/09	ID# CK#	Dr. David Haupt 3026 N. Center Point Road Cedar Rapids, IA 52411		50.00	<input type="checkbox"/>
2/17/09	ID# CK#	Dr. Douglas Sedlacek 2250 Country Club Parkway SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
2/17/09	ID# CK#	Dr. David Stein 4990 Doe Run Drive NE Cedar Rapids, IA 52411		100.00	<input type="checkbox"/>
2/23/09	ID# CK#	Dr. Christopher Walsh 1546 W Mt. Vernon Road Mount Vernon, IA 52314		100.00	<input type="checkbox"/>
4/12/09	ID# CK#	Dr. David Crumley 7118 Walden Road NE Cedar Rapids, IA 52402		50.00	<input type="checkbox"/>
5/15/09	ID# CK#	Dr. Jeffrey Clark 520 Vernon Drive SE Cedar Rapids, IA 52403		300.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1000.00	
TOTAL (if last page of this schedule)				\$ 1000.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.